

5.310 Direct Care

	<u>January February March 2001</u>	<u>April May June 2001</u>	<u>July August September 2001</u>	<u>October November December 2001</u>
Wages	5.9%	4.5%	3.2%	2.0%
Fringe Benefits	3.8%	2.8%	2.0%	1.3%
Supplies	2.4%	1.6%	0.9%	0.5%
Purchased Services	4.0%	3.1%	2.2%	1.4%

5.320 Support Services

	<u>January February March 2001</u>	<u>April May June 2001</u>	<u>July August September 2001</u>	<u>October November December 2001</u>
Composite Support Service Expenses	4.4%	3.3%	2.3%	1.4

5.330 Administrative and General Services

	<u>January February March 2001</u>	<u>April May June 2001</u>	<u>July August September 2001</u>	<u>October November December 2001</u>
Composite Administrative and General Services Expenses	4.4%	3.3%	2.3%	1.4%

5.340 Fuels and Utilities

	<u>January February March 2001</u>	<u>April May June 2001</u>	<u>July August September 2001</u>	<u>October November December 2001</u>
Fuel Oil	-12.7%	-14.5%	-14.4%	-10.7%
Natural Gas	-7.6%	-14.3%	-16.0%	-13.7%
LP Gas	-7.6%	-14.3%	-16.0%	-13.7%
Coal	-12.7%	-14.5%	-14.4%	-10.7%
Electricity	7.2%	5.3%	2.9%	1.2%
Water and Sewer	4.0	3.2%	2.4%	1.6%

5.350 Over-the-Counter Drugs

Inflation rate to the common period	2.4%	1.6%	0.9%	0.5%
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5.360 Alternate Cost Report Periods

The Department may establish alternate inflation or deflation factors for cost reporting periods not listed above.

5.160 Durable Medical Equipment and Wheelchairs - Exceptions5.162 General

Durable medical equipment and wheelchairs reasonably associated with a patient's personal living needs in normal and routine nursing home operations are to be provided to Medicaid recipients without charge to the patient, the patient's family, or other interested persons. The cost of all wheelchairs, including geriatric chairs but excluding motorized wheelchairs or vehicles, is included in the nursing home payment rate.

Under certain exceptions, durable medical equipment (DME) and wheelchairs may be billed separately by the supplier if prior authorized. The prior authorization request must document the need for the item according to the exception criteria described below.

5.164 Durable Medical Equipment

Exceptions to permit separate payment for DME may be allowed by the Department if the DME is personalized or custom-made for a recipient resident and is used by the resident on an individual basis for hygienic or other reasons. These items include orthoses, prostheses (including hearing aids), orthopedic or corrective shoes, or pressure relief beds.

5.166 Special Adaptive Positioning or Electric Wheelchairs

The Department may permit separate payment for a special adaptive positioning or electric wheelchair, while a recipient resides in a nursing home, if the wheelchair is prescribed by a physician and the following criteria are met:

1. The wheelchair is personalized in nature or is custom-made for a patient and is used by the resident on an individual basis for hygienic or other reasons, AND
2. The special adaptive positioning wheelchair or electric wheelchair is justified by the diagnosis and prognosis and the occupational or vocational activities of the recipient (i.e., educational, therapeutic involvement).

Exceptions for wheelchairs may be allowed for the recipient who is about to transfer from a nursing home to an alternate and more independent setting.

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The following is a partial list of items covered by Section 5.200. The Department retains its authority under s. 49.45(10), Wis. Stats., to amend, modify, or delete items from the list.

Aspirin	Vaginal products	Hemorrhoidal products
Ibuprofen	Digestive aids	Antibiotic Ointment
Vitamins	Saliva substitutes	Pediculicides
Non-covered cough & cold products	Acetaminophen	Decubitus treatments
Non-covered ophthalmic products	Laxatives	Capaicin Topical Products
Topical steroids	Minerals	Antidiarrheals
Antifungals	Antihistamines	

The above list does not represent the entire list of drugs covered under Section 5.200 and other non-covered over-the-counter drugs may be added to this section. Over-the-counter drugs covered under this section must be on the Division of Health Care Financing's approved OTC list or index.

5.300 COST REPORT INFLATION AND DEFLATION FACTORS

Inflation and deflation factors to adjust expenses from nursing home cost reports to the common period are given below. The common period is the twelve-month period prior to the payment rate year. The factors listed below apply to annual nursing home cost reports ending in the following months.

5.150 All Non-Expendable, Reusable Materials

Abdominal binder	Lamp, heat and ultraviolet Lap boards/trays, wheelchair
Abdominal support	Mat, exercise
Adaptive dressing equipment	Mattress, air, alternating pressure, gel, foam
Adaptive eating utensils	Mattress pads
Adaptive hygiene equipment	Lower extremity splints/positioners (e.g. multitodus)
Air cleaner	Name tags
Air splints	Oxygen masks, canulas, tubing, nebulizer, flow meter
All non-expendable, reusable materials (bedpans, thermometers, Towels, linen, ace bandages, rubber pants, etc.)	Patient lifts
Alternating pressure pumps	Positioning equipment for wheelchairs, chairs and beds
Apnea monitor	Prone standers
Aquaped (K pad)	Pulse oximeter
Bath bench	Reachers
Bath lifts	Restraints
Bath sling	Roho, Jay or similar flotation cushion
Bed, electric	Safety rails – hallways, bathroom areas (tub, toilet, shower)
Bed, hospital	Sitz baths – portable
Bed rails	Sliding boards
Blood glucose monitor	Standing tables
Commodes	Suction machine (standard)
Crib, hospital-type	TENS units
Crib with enclosed top	Transfer devices
Cushions, all types, wheelchairs	Traction apparatus
Elbow protectors	Trapeze
Elevated toilet seats	Tub, rail
Enuretic alarm	Vaporizer, room
Exercise equipment	Volumetric pump
Exercycle (exercise bike)	Walkers, canes, crutches (including quad-canes)
Floor stand, trapeze	Water mattress
Floor stand, weights	Wheelchairs, all manual
Flotation pads	Wheelchairs, power (See Sec 5.160)
Food pumps	Whirlpool
Foot boards (model)	Wrist bands and alarm systems
Foot protectors	
Geriatric chairs	
Gait belts	
Hand cones	
Hand splints, soft	
Hosiery, including support and thrombo-embolytic disease stockings	
Hoyer or other hydraulic or non-hydraulic lift	
Humidifier	
IPPB (Intermittent positive pressure machine)	
IV Poles	

5.400 DIRECT CARE PAYMENT PARAMETERS

5.410 Labor Factors

<u>County</u>	<u>Labor Factor</u>	<u>County</u>	<u>Labor Factor</u>
Adams	0.945	Oneida	0.945
Ashland	0.945	Outagamie	1.019
Barron	0.945	Ozaukee	1.081
Bayfield	0.945	Pepin	0.945
Brown	1.017	Pierce	1.171
Buffalo	0.945	Polk	0.945
Burnett	0.945	Portage	0.945
Calumet	1.019	Price	0.945
Chippewa	0.952	Racine	0.953
Clark	0.945	Richland	0.945
Columbia	0.945	Rock	1.050
Crawford	0.945	Rusk	0.945
Dane	1.101	St. Croix	1.171
Dodge	0.945	Sauk	0.945
Door	0.945	Sawyer	0.945
Douglas	1.114	Shawano	0.945
Dunn	0.945	Sheboygan	1.026
Eau Claire	0.952	Taylor	0.945
Florence	0.945	Trempealeau	0.945
Fond du Lac	0.945	Vernon	0.945
Forest	0.945	Vilas	0.945
Grant	0.945	Walworth	0.945
Green	0.945	Washburn	0.945
Green Lake	0.945	Washington	1.081
Iowa	0.945	Waukesha	1.081
Iron	0.945	Waupaca	0.945
Jackson	0.945	Waushara	0.945
Jefferson	0.945	Winnebago	1.019
Juneau	0.945	Wood	0.945
Kenosha	0.996	Menominee	0.945
Kewaunee	0.945		
La Crosse	0.996		
Lafayette	0.945		
Langlade	0.945		
Lincoln	0.945		
Manitowoc	0.945		
Marathon	1.032		
Marinette	0.945		
Marquette	0.945		
Milwaukee	1.081		
Monroe	0.945		
Oconto	0.945		

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Inflation rate to the common period	2.4%	1.6%	0.9%	0.5%
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 Enuretic alarm
 Exercise equipment
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Vaporizer, room
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 Wheelchairs, all manual
 Wheelchairs, power (See Sec 5.160)
 Whirlpool
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